Clinical Utilization Review Board (CURB)
Meeting Minutes
November 18, 2015

PRESENT:
Board: Michel Benoit, MD, David Butsch, MD, Ann Goering, MD, Nels Kloster, MD, Paul Penar, MD, Norman Ward, MD, Richard Wasserman, MD

DVHA Staff: Daljit Clark, Jennifer Herwood, Susan Mason, Megan Mitchell, Thomas Simpatico, MD (moderator), Scott Strenio, MD, Bradley Wilhelm

Guests: Melissa Kamal, Chrissy Racicot, Michael Rapaport, MD, Jane Ripley-Blin

Absent: Jessica MacLeod, NP, John Matthew, MD

HANDOUTS

- Agenda
- Draft minutes from July 8, 2015 Meeting
- 2016 Meeting Schedule
- Conflict of Interest Notice

CONVENE: Dr. Thomas Simpatico convened the meeting at 6:30 pm.

1.0 Introductions

2.0 Review and Approval of Minutes

The minutes from 7/8/2015 meeting were reviewed and approved as written.

3.0 Updates

CURB Members
Dr. Burroughs-Biron resigned from the board in September. We have a potential new board member who is going through the vetting process.

Conflict of Interest
Bradley Wilhelm discussed the conflict of interest policy and questionnaire. Once we receive all questionnaires, DVHA's legal staff will review the documents. We will ask that CURB members complete the questionnaire annually and sooner if there are any changes to report.

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Meeting Schedule 2016/Attendance Policy

The meeting schedule for calendar year 2016 was handed out to the board members. Dr. Simpatico explained to the group in order to have a meeting there must be a quorum. A quorum is defined as a majority plus 1 or at least 51%. Vermont Statute defines a "meeting" as a gathering of a quorum of the members of a public body for the purpose of discussing the business of the public body or for the purpose of taking action. DVHA would like to develop an attendance policy for the board. The CURB meets roughly 6 times a year. In order to effectively execute board duties, DVHA asked that CURB members attend at least 4 of the 6 annual meetings and RSVP at least 2 days in advance in order to know that we will have a quorum.

Outpatient Psychotherapy Proposal - Finalize

The board voted at our last meeting in favor of requiring a prior authorization (PA) for all outpatient individual psychotherapy sessions 1 standard deviation beyond the median. This decision was based on data that was presented at the previous meeting. One standard deviation beyond the median is 25 or more visits. The board needs to vote to further define this proposal. Once it has been defined it will be sent to the DVHA Commissioner for approval and then will be implemented.

Outpatient Individual Psychotherapy:

24 visits or less/year

- DVHA will derive a diagnosis for all the claims via our claims data
- No PA is required

25 visits or more/year

- DVHA will derive diagnosis for all via claims data
- PA is required
- Requires copy of the treatment plan which must indicate type of psychotherapy (e.g. supportive, Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), psychoanalytic psychotherapy)

Discussion:

Does the mental health parity law apply?

Since we are not limiting services, only requiring a PA, this should not affect the parity law.

Is the Federally Qualified Health Center (FQHC) encounter code invisible to the codes they use?

This will be investigated prior to implementation to ensure they are accounted for.

Can we guide them toward a different plan, such as group services?

Yes, and this will help identify gaps and duplication in services.

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The board voted in favor of requiring PA for outpatient individual psychotherapy for visits greater than 24 annually.

Action Item: DVHA will send this proposal to DVHA Commissioner for approval.

4.0 New Business

Implications of Mental Health and Substance Abuse Diagnoses on General Health Care and Human Service Expenditures

1. Behavioral Health Impact on Vermont Medicaid
   We want to bring behavioral health and medical conditions together. The Milliman report, commissioned by the American Psychological Association (APA) compared data from four distinct groups:
   - People with no mental health or substance use disorders
   - People with mental health diagnoses, but no serious persistent mental illness
   - People with serious and persistent mental illness
   - People with substance use disorder diagnoses

The key findings were:

- 14% of people with insurance are receiving treatment for mental health or substance use disorders, but the account for more than 30% of the total health care spending.
- Because of fragmented care, general medical costs for treating people with chronic medical problems, as well as mental conditions, are 2-3 times higher than those for treating people with general health conditions
- Nationally, effective integration of medical and behavioral care could save $26-$48 billion annually in general healthcare costs
- Most of the projected reduced spending is associated with emergency room and hospitalization expenses (i.e. avoidable expenses)

Medicaid Mental Health Spend:

In Vermont a high proportion of our highest cost members and frequently hospitalized members suffer from mental illness or substance abuse. Roughly 42% of the Vermont Medicaid population is receiving mental health or substance abuse

services. In SFY2015 30% of the total Medicaid spend which is approximately $1.3 billion are mental health and substance abuse treatment costs.

Behavioral Health Impact on Vermont Medicaid

1. General Theme of Integration of Behavioral & General Healthcare
    a. Moving away from "silos of excellence" toward seamlessly integrated care
    b. (slowly) developing technological assists
    c. Popular misconception about HIPAA: we are freer to share information than our current practices
2. Our Tool Box for Behavioral Health
   We need more granularities in understanding what we are doing under the label of psychotherapy.
3. Payment Models and Duplication of Services
   Where is there duplication of services or gaps in services? Act 54 asks Agency of Human Services to evaluate all services offered to determine if there are any overlapping, duplicative or gaps in services and to develop recommendations for consolidation or to recommend modification to maximize high-quality services and appropriate use of public funds.

Bundled services – an example is Community Rehabilitation Treatment (CRT) (program for beneficiaries with serious and persistent mental illness) where VT Medicaid is paying a bundled rate for a number of services; however the beneficiary is getting services outside of the bundle. There are costs for services above the bundled rate which should be covered within the rate. VT Medicaid pays a case rate but has no breakdown of the services received.

4. Standards of Care
    - Aspiration and guidance of the Triple Aim
    - Innovation vs idiosyncratic practices
    - Inpatient psychiatric hospitalization practices in Vermont

Cost of involuntary psychiatric hospitalization while awaiting due process:

- Approximately 50 persons per year who are involuntarily hospitalized have involuntary medication petitions
- In the rest of the country, simply deciding whether involuntary medication will be sought for persons already involuntarily hospitalized generally takes place in hours to days; in Vermont the median length of time is on the order of 90 days
- With a 90-day median length of time to decide whether treatment will be provided, 4500 hospital days have elapsed
- Level 1 beds are largely subsidized without a federal match

- If a hospital bed day costs $1300, the annual cost is close to $6 million.
- If we were in line with the rest of the country, there is a potential savings of $5.3 million.
- This is not only costly but is a departure from the standard of care for acute psychosis
- Savings are predicted on median length of time for due process going from 90 days to 14 days
- Would allow federal dollars to help subsidize psychiatric hospitalizations, as some portion of them would be able to occur at university and community hospitals.

Why is this occurring?

- The clinical opinion has been completely overshadowed by the passionate advocacy community.
- The legislature has previously not been interested in hearing from experts on this.
- It is hard to find a judge to hear these cases in a timely fashion.
- Other states have an administrative remedy, Vermont does not.
- This also occurs in the prison population.

This results in large expenses, it is not standard of care and Vermont is the only state in the country with this problem.

Discussion:

- What can CURB do?
- CURB can frame an action to propose to the Commissioner.
- From the standpoint of healthcare expenditures to fill a $100 million deficit, this is a piece of the solution and CURB recommends a solution to the due process length of time.
- Bring Vermont to the national standard of care.
- Evidence based care.
- Speedier due process.
- Request the legislators do a study? Express the sentiment that the legislature recommends a change to the current process.
- Support the Commissioner to examine remedies to speed due process for involuntary medication to the national standard.
- Recommend due process happens within a certain timeframe.
- Almost all who go through due process end up being medicated against their will, unless they have had a remission. Many accede to getting oral medications.

The CURB committee members expressed concern regarding this issue; they had extensive discussions concerning the dilemma. They would like to make a recommendation to the Commissioner in hopes of finding a solution.
It was decided that DVHA would meet with legal counsel and draft a position statement to bring to the next board meeting to edit and vote on.

Action Item:
DVHA will meet with legal counsel to draft a proposal for CURB to edit and then vote on. This will be presented at the meeting in January.

5. Serving Populations across the continuum

    - Artificial cylinders of excellence
    - Different rules apply to same populations in different contexts
    - In reach of community resources to Department of Corrections (DOC)
    - Vivitrol program

Discussion:

- There are many individuals with mental illness who end up in Corrections.
- How can we move them out of DOC and into community health?
- Vivitrol pilot – helps individuals transition from DOC to the Community
- Vivitrol helps the person cut down on cravings to help prevent substance abuse.
- Dr. Rapaport recommends medical homes and possibly the hubs for the substance abuse population.

Adjournment – CURB meeting adjourned at 8:30 PM

Next Meeting

January 20, 2016
Time: 6:30 PM – 8:30 PM
Location: Department of Vermont Health Access, Williston, VT